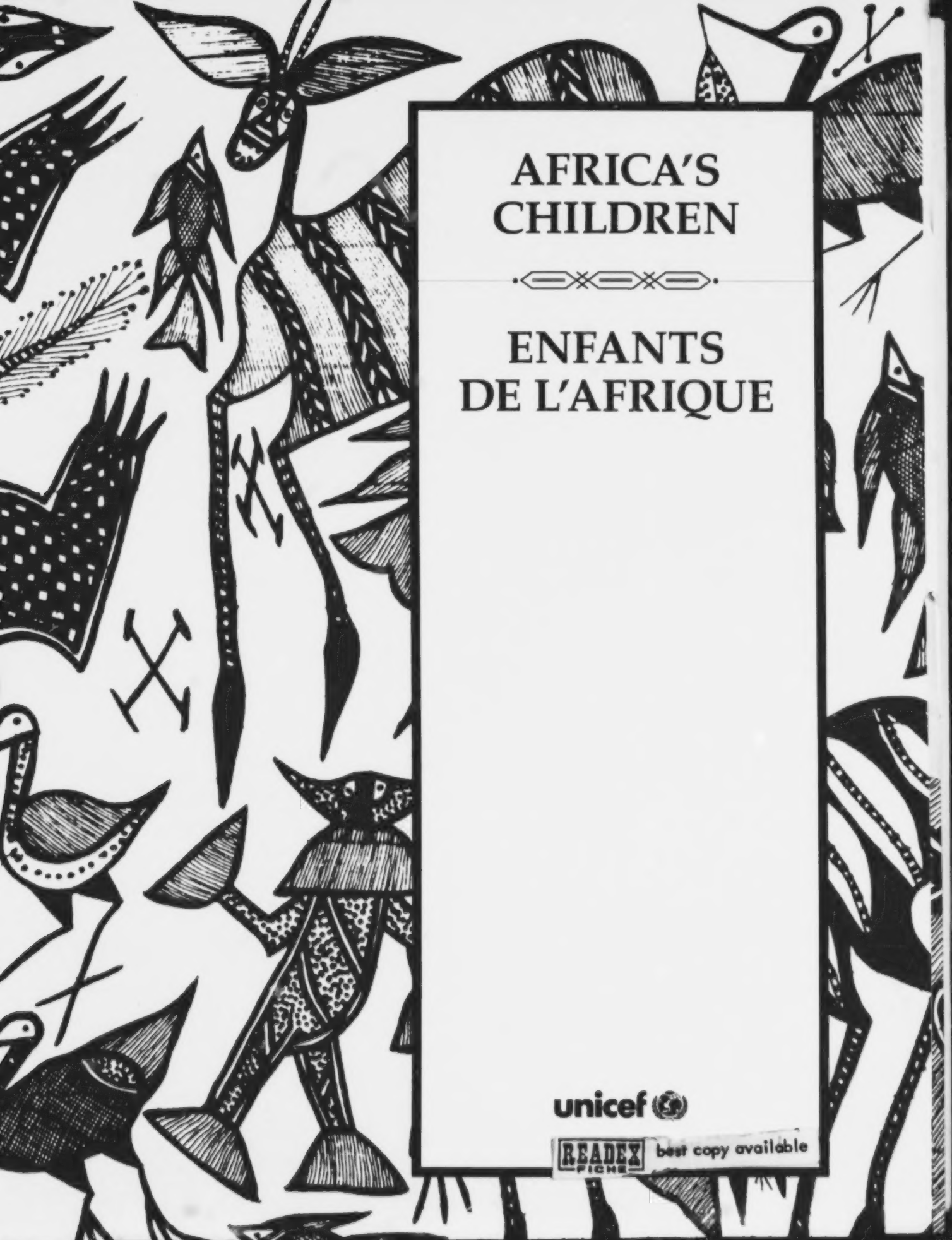

AFRICA'S CHILDREN

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Day of the African Child: 16 June 1992

To call attention to both the opportunities for and the obstacles to the survival and development of Africa's children, 16 June 1992 will be commemorated as the 'Day of the African Child'.

This year is the second celebration of what is now an annual event. The 'Day of the African Child' was declared in a resolution of the 51-member Organization of African Unity (OAU) in July 1990, and the date—16 June—was chosen to honour the memory of the schoolchildren who were massacred in Soweto, South Africa, in June 1976. By devoting a day to Africa's children, it is hoped that governments, non-governmental organizations, international agencies, the media, the general public and children in particular will reflect on the ongoing needs of the continent's youth. The 'Day of the African Child' this year will be followed by the International Donors' Conference on Assistance to African Children in November, another OAU initiative to focus priority attention on the Continent's children.

This information kit has been produced by UNICEF as a partner in those efforts to secure the survival, protection and development of Africa's children. Its contents are designed to be used as a general reference to issues affecting the welfare of children, or as news features which can be reproduced by the media or by non-governmental and other organizations in their newsletters and other information materials.

The kit is 'solutions-oriented'. It identifies the urgent needs of many millions of children on the African continent today, as well as the obstacles to their delivery. But it also documents improvements in health, education and other indicators of progress to demonstrate that African nations can achieve, and are already approaching, important goals towards providing a better future for their children.

UNICEF and the OAU have encouraged African nations to prepare their own special programmes to mark the day. Last year, national commissions for the 'Day' were launched in several countries, and parades, rallies, cultural and sporting events, and children's roundtables, fora and parliaments were held in many others. Media features on Africa's children were disseminated via television and radio and in newspapers around the world.

Many countries have signalled their intention again this year to use the occasion as a means of affirming their support for the Declaration and Plan of Action which resulted from the 1990 World Summit for Children. That historic meeting set major goals for child health, education and welfare to be met by the year 2000. The 'Day of the African Child' this year, and in years to come, will provide a benchmark against which the delivery of those promises can be measured.

Children:
Africa's
Future

Statement by James P. Grant, Executive Director of the United Nations Children's Fund (UNICEF), on the occasion of the Day of the African Child 1992

A day of promise for the African child

The Day of the African Child is an occasion for celebration — celebration because Africa has worked many small miracles for its children in these difficult times. Prolonged economic crisis, civil strife and natural calamities have set the continent back over the past decade, and there is ample proof that children have suffered — have suffered greatly. But it is also true that Africa has found ways to continue nurturing its young: high levels of immunization against the major childhood diseases have been achieved; oral rehydration therapy is saving many thousands of lives that would otherwise have been lost to dehydrating diarrhoea; innovations have permitted scattered but significant progress in primary health care and education, even as social sector budgets have been slashed; and many communities and governments have mobilized for development, with increased attention to children and women. At times it seemed as if the world had forgotten Africa and its children, but Africa has never forgotten its children.

We commemorate the Day of the African Child this year amid intensive preparations for the International Donors' Conference on Assistance to African Children — a most welcome initiative by the Organization of African Unity (OAU) that will take place in Dakar, Senegal, in November 1992, with President Diouf as host. UNICEF, which considers Africa its most urgent priority, is working closely with the OAU to ensure the success of this crucial conference — undoubtedly, the most important event of 1992 for children.

It is our hope that the Dakar gathering will mark the beginning of a new era of cooperation between Africa and the international donor community. A new kind of relationship is needed between North and South, one that recognizes the inescapable interdependence of the industrial and developing worlds and the urgent need to narrow the gap between rich and poor nations for the security and well-being of all. It could begin with Africa, starting in Dakar.

Although the Dakar meeting is not slated to be a pledging conference, a serious dialogue there should open the way to providing Africa with a portion — a generous portion — of the peace dividend resulting from the end of the Cold War. Significant resources that are becoming available due to reduced military expenditures in both donor and African nations must fuel the engines of change now, undertaking in one African country after another — despite immense difficulties — pluralistic democracy and market-oriented economic reform. Through increased assistance or aid restructured to better support human development, through debt relief and forgiveness, through improved commodity prices and eased access for African exports to the markets of the North, and through stepped-up investment and trade, the donor community can provide critical support to Africa's move towards more democratic government and away from inefficient state corporations, endemic corruption, and insufficient investment in human development.

The post-cold war world began testing its new-found possibilities by coming together at the September 1990 World Summit for Children. Africa will be a crucial test of the commitments made there. The continent's efforts to meet the year 2000 goals established at the World Summit need to be supported by the international community. Well-targeted expenditures and aid in the fields of basic health and learning, nutrition, the girl child, water and sanitation, AIDS, family planning and other areas of human development must be seen as *high-return investments* in a better future and a better world.

Success in Africa would enable us to begin to speak, with some degree of ethical consistency, of the emergence of a meaningful new world order. As the articles in this press kit eloquently — and sometimes painfully — indicate, Africa's children cannot wait.

Overview

Children occupy a special place of honour in African culture. Cherished as a manifestation of God's blessings, Africa's children are held in high esteem by their parents and their community—an ongoing link in the long and proud history of a continent and a symbol of hope for a future in which poverty and underdevelopment will be vanquished. The extended family, the bedrock of the African social system, ensures that under normal circumstances, no child will go hungry or homeless. The life of a child is valued above all others, and indeed, the wealth of a family is judged less by its monetary assets than by the strength of its lineage.

The centrality of the child in African society and its strong commitment to his or her growth and development are often overshadowed in widely publicized images of a continent and a people ravaged by economic and environmental crises over the past decades. While hunger, illiteracy and poor health are scourges which continue to afflict Africa's children, as well as those of the rest of the developing world, the continent, comprising 53 countries with a wide range of economic possibilities, has made some progress in safeguarding its children's future.

Africa's extraordinary geographic, cultural, linguistic and economic diversity makes generalizing about its children difficult and inaccurate. There can be no stereotypical African child—the continent is so vast that efforts even to average statistics can distort reality. Access to essential services and opportunities vary widely among and within countries, among economic and social groups, between rural and urban populations and between the sexes. The girl child is particularly disadvantaged in cultures where sons are given preferential access to education and other benefits.

Africa has the youngest and fastest growing population in the world. Of the estimated 642 million people in Africa, roughly 47 per cent are children under 16 years of age. Not all of these children, however, are on the knife-edge of survival. Since the 1960s, under-five mortality in Africa has been reduced by 45 percent. While Africa's child mortality rate is still among the highest in the world, with over 4 million children dying every year in sub-Saharan Africa alone, five in every six children born in the continent this year will survive the first five vulnerable years.

Average life expectancy of children born in Africa between 1990 and 1995 has risen to 54 years, an increase of 13 years since 1960, but this figure still lags 20 years behind that of the industrialized world. Africa's economic crisis, which came to a head in the 1980s, has hindered progress in improving these basic socio-economic indicators. About 29 million African children, or one quarter of those under five, are currently underweight, and the growth of some 39 million children (35 per cent) has been stunted by poor nutrition, with 10 per cent showing signs of wasting. From 25 per cent in 1985,

the proportion of Africa's pre-school children suffering from acute protein energy deficiency has risen to around 40 per cent and about 14 per cent of children born this year will be of low birth weight.

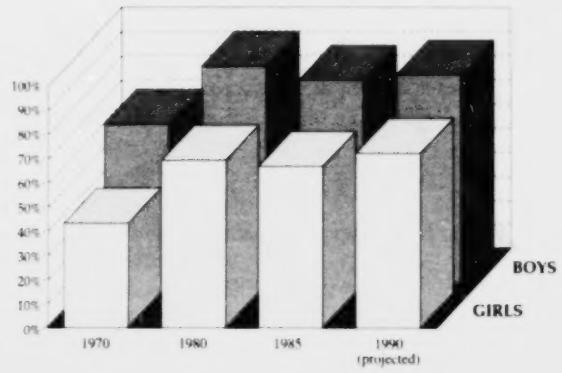
A little more than half of all of Africa's children have access to health services, and annual health expenditure in the continent is US$3.50 per capita, the lowest in the world. While over 80 per cent of children in urban areas have safe water to drink, in rural areas the figure is only 40 per cent.

Primary school enrolment rose dramatically during the 1970s, from 65 to 90 per cent for boys, and from 44 to 69 per cent for girls, but under the weight of the economic crisis of the last decade, both these rates fell by roughly 7 per cent, with the quality of education also showing signs of deterioration.

When viewed in isolation, some of these statistics may sound discouraging, but progress must be measured against the past. Thanks to governmental commitments to a wide range of basic services for children over the past 30 years, African countries have raised health, education and other standards to levels which industrialized nations took more than a century to achieve.

Access to primary education, Africa

Percentage of children attending school



Source: 1990 UNESCO Statistical Yearbook

Thirty-six African nations are among the 114 countries which have ratified the 1990 Convention on the Rights of the Child as of 31 March 1992, and Africa is the only continent to have followed up with a Charter on the Rights and Welfare of the Child. In June 1991, heads of State and Government of the Organization of African Unity, meeting in Abuja, Nigeria, restated their commitment to the Plan of Action of the World Summit for Children. Their declaration of an African Decade for Child Survival, Protection and Development, their support for the first 'Day of the African Child' in 1991 and their convening of an international donors' conference on assistance to African children later this year indicate a growing preoccupation with the continent's youngest citizens. Since the early 1980s, there have been many concrete expressions of governmental commitment to Africa's children at the national policy level. These include:

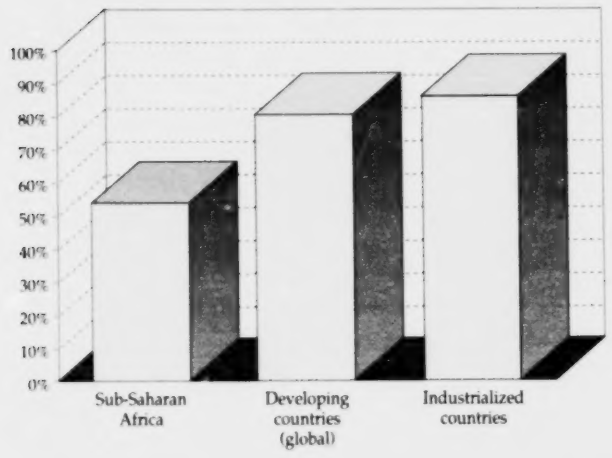
▲ National programmes of immunization against the six major childhood diseases—tuberculosis, measles, diphtheria, whooping cough, tetanus and polio. Two thirds of African countries have achieved the goal of immunizing 75 per cent of their children against these illnesses, and the remaining one third attained more than 50 per cent coverage, an increase from less than 20 per cent at the start of the 1980s.

▲ Nutrition programmes for infants, small children and pregnant women to offset the incidence of low birth weight and provide nutritional supplements, including vitamin A to combat nutritional blindness, iron to curb anaemia, and iodine to prevent goitre, cretinism and other impairments.

▲ Programmes to control diarrhoeal diseases by providing access to safe drinking water and sanitation facilities, and to treat diarrhoeal dehydration.

Immunization coverage, 1990

Percentage of children immunized with three shots of diphtheria, pertussis and tetanus (DPT3)



Sources: UNICEF and WHO estimates

▲ Policies that support basic education and ensure equal access to schooling for girls as well as boys.

▲ The application of the innovative concept of 'corridors of peace' in war zones, such as those in Angola, Ethiopia, Somalia and the Sudan, where temporary cease-fires have allowed children to be immunized and food and medicine to be distributed.

Africa has had its share of natural and man-made disasters. Twenty-nine of the world's 42 least developed countries are in Africa, where resources are often lacking to cushion violent fluctuations in economic fortunes. The 1980s have been characterized by many as Africa's lost decade, a period during which per capita GNP fell by an average of more than 2 per cent per year, after rising steadily between 1965 and 1980. Crippling external debts, falling prices for commodity exports and structural adjustment programmes forced deep cuts in social spending, exemplified by declining per capita expenditures on health and education.

War- and drought-related famine continues to plague the continent. In 1991, six countries—Angola, Ethiopia, Liberia, Mozambique, Somalia and the Sudan, all of them torn by civil war—faced severe food shortages, with women and children accounting for 92 per cent of Africa's war-related deaths.

This year, according to the Food and Agriculture Organization (FAO), Somalia's ongoing civil conflict is exacerbating a food emergency, and some 4.5 million people, 60 per cent of the population, face starvation. Severe malnutrition prevails among the most vulnerable groups—women and children. In the Sudan, over 7 million displaced and drought-affected people continue to need assistance, while the food-aid needs of Angola, Ethiopia and Mozambique also remain substantial. Civil strife has again resulted in poor harvests in Liberia and Sierra Leone, where large numbers of people are displaced.

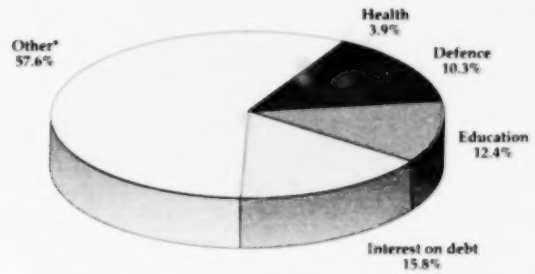
Southern Africa—normally a food exporter—is in the midst of its worst drought in decades, with the potential to lose 60 per cent of its vital maize crop. The region may have to import more than 7 million tons of food over the next two years—up from a normal 2 million tons—to avert widespread starvation.

Africa's progress has also been affected by the pace of social change and new challenges. While most Africans still live in rural communities, populations of urban areas are expected to double over the period 1985-2000. Some of the new urban immigrants have achieved higher standards of living, but the flight of many millions of rural people to towns and cities has overtaxed services and existing infrastructures. The future for children growing up in these expanding metropolises can be vastly more difficult than that of their parents, who came of age in a village or community where

traditional values and lifestyles provided a social safety net. A growing number of children living on the streets of African capitals and suffering the social dislocations of homelessness, exploitation and abuse is an alarming development.

The AIDS epidemic is also overstretching limited resources in many countries. The World Health Organization estimates that some 6.5 million Africans are HIV-infected—accounting for more than half the world's total cases—among whom 750,000 are children. AIDS is soon expected to become the leading fatal disease among children, and the number of AIDS orphans is increasing exponentially. The scourge of AIDS threatens to reverse the hard-won gains of the past decades in improving child health and mortality rates.

Average government expenditures in Africa as a percentage of total expenditures, 1985



*Other: Economic affairs and services, agriculture, housing, social security, etc.

Source: International Monetary Fund estimates, 1990.

Africa has weathered a decade of economic reverses and unforeseen challenges. The 1990s bring cause for hope. A new tide of democracy is sweeping the continent, bringing in its wake popularly elected governments and providing the people with a say in their own destiny. Africa's leadership is accountable as never before to ensure that the basic needs of its citizens are fulfilled.

For Africa's children—rural and urban, male and female—the future may be filled with uncertainty; there is no lack of obstacles to their growth and development. But it is also filled with opportunities, and in country after country, hunger, illiteracy and ill health have yielded when the political commitment of Africa's leaders to the needs of their children has been strong.

An African commitment to child rights

Towards the end of this year, the Organization of African Unity (OAU) will convene an international conference on assistance to Africa's children. The continent's leaders will draw attention to the actions which member Governments have already taken to reduce malnutrition, increase immunization against common diseases, bring clean water and sanitation to all communities and ensure that all children have access to basic education—goals agreed upon at the 1990 World Summit for Children.

They will also seek the financial support of donor countries, for sustaining momentum towards those goals will be increasingly difficult in a continent beset by natural and man-made disasters, saddled with an overwhelming debt burden and bowing under the weight of economic austerity. It is recognized that Africa will need to find at least US$1.5 billion a year from its own resources—but will require the same amount in international aid—if progress towards these modest goals for its children is to be maintained.

The convening of this conference is the most recent example of African governmental commitment to the rights and needs of its children. But there are other concrete expressions of their concern. African governments gave a powerful endorsement to the Convention on the Rights of the Child, which became international law on 2 September 1990. Among the 114 nations which had ratified it by 31 March 1992 are 36 African countries, more than any other regional group.

The Convention established the child's right to every available means of survival, protection and development. It covers a wide range of rights that the child should enjoy as an individual and addresses civil and political, as well as social, economic and cultural, rights.

During the decade-long drafting of the Convention, OAU members underlined the urgent need to give special attention to the needs of children through a Declaration on the Rights and Welfare of the African Child (1979) and the later Declaration of a Decade for the Survival, Protection and Development of the African Child (1989).

In 1988, the African Network for the Prevention and Protection against Child Abuse and Neglect (ANPPCAN) held a workshop in collaboration with UNICEF for African experts in Nairobi, where the drafting of an African Charter on the Rights and Welfare of the Child was recommended to complement the Convention's provisions and tailor them to the specific circumstances of children in the region. African legal experts and social scientists held a preliminary drafting session in August 1989, and a draft Charter was adopted by heads of State and Government at the 1990 OAU Summit.

Among the Charter's 48 articles are provisions which ensure the right to free basic education and health care, and equality regardless of ethnic or religious differences

or sex; which establish minimum ages for employment and marriage; which protect against child abuse and trafficking; and which prevent recruitment as participants in armed conflict.

The only regional instrument to have followed out of the Convention, the African Charter also provides for the establishment of an 11-member Committee of Experts to, among other things, monitor implementation of the Charter, promote the rights it sets forth and receive reports from individual States on their efforts to comply with its provisions. The Charter will come into force 30 days after its ratification by at least 15 OAU member States. As of March 1992, 14 have signed the Charter, and two countries—Seychelles and Mauritius—have ratified it.

Saidou Agbantou, President of the Benin Human Rights Commission, explains that the Charter and the Convention are significant because "children occupy a privileged place in the life of our nations. Children and the youth constitute the life-blood of our countries. It is not enough to simply bring children into the world. We must ensure that they are well-fed, well-educated and raised in a positive environment.

"In Africa, it is poverty that makes our children suffer, that witnesses them dying at an early age, that causes them to go hungry. For these reasons, we need international solidarity around the welfare of our children. They must be protected."

African governments have already demonstrated their commitment to that philosophy. When donor nations meet with them across the conference table later this year, it is hoped that Africa's efforts will be given the necessary endorsement so that its children can look to a future in which their basic needs are secured.

Debt relief for child development

The chains of indebtedness have shackled Africa's economic development efforts for more than a decade, mortgaging the future of millions of its children.

"So severe has been the excruciating burden of debt on the ordinary people in Africa that its destructive impact is comparable only to that of war; the difference being that it is women and children rather than soldiers who are dying and instead of millions of wounded, there are millions of unemployed," Dr. Adebayo Adedeji, former Executive Secretary of the UN Economic Commission for Africa (ECA), said recently. "The warlike impact of debt is tearing down schools and hospitals and is rending the fabric of society. Consequently and inevitably, the gains in human development made by sub-Saharan Africa in the 1960s and 1970s have virtually disappeared during the lost decade of the 1980s," said Dr. Adedeji.

Faced with an unprecedented economic crisis over the past decade, African Governments have had little choice but to bow to the demands of creditors for fiscal austerity embodied in the sometimes radical restructuring of their economies. Government payrolls, food subsidies and budgets for such basic services as health care, education, and water supply and sanitation often suffer the first cut-backs, with the result that the poorest and most vulnerable—women and children—bear the brunt.

When in the early 1980s, the social impact of economic restructuring in Africa became apparent, UNICEF urgently appealed for a reordering of priorities within reform programmes to safeguard social services. By mid-decade, UNICEF's call for 'adjustment with a human face' gained ground, and in several African countries, programmes aimed at mitigating the social costs of adjustment were adopted.

But by the end of the 1980s, the number of families in sub-Saharan Africa who were unable to meet their most basic needs had doubled. Some 100 million people were unemployed in 1989—four times as many in 1979—and average incomes fell by 30 percent between 1980 and 1989. Gross national product (GNP) per capita fell by an average of 2.2 per cent per annum during the decade.

In addition, infant mortality rates, which had been falling in many countries for decades, are now at a standstill or on the increase, and literacy rates, which improved dramatically during the 1960s and 1970s, are in decline. Per capita expenditures on health and education are declining both in absolute terms and as a percentage of GNP. Africa has the highest average under-five mortality rate in the world and is the only continent where child deaths are projected to increase during the 1990s.

International responses to Africa's economic crisis have been inadequate. The marginalization of Africa in the face of developments in the former Soviet Union, Eastern

Europe and Middle East over the past two years has led to a serious shortfall in the external resources necessary to rekindle economic growth. New lending and development assistance have stagnated, and debt relief measures have proven insufficient. If current trends are not reversed, Africa will have a 40 per cent share of the global infant and child death toll by the end of the 1990s, up from 15 per cent in 1950 and 30 per cent in 1986.

The external debt stock of African countries has almost tripled in nominal terms over the past 10 years. The ECA estimates the 1991 debt for all of Africa at US$280 billion, a 3 per cent rise over the previous year. And according to the World Bank, the debt of sub-Saharan Africa alone has steadily increased to US$175.8 billion in 1991, from US$173.7 billion in 1990 and US$154.8 billion in 1989.

Interest payments on sub-Saharan Africa's debt took a higher share of export earnings in 1991—20.5 per cent, compared with 19.1 per cent in 1990—and net resource flows to the region fell to US$16.4 billion in 1991 from US$16.8 billion in 1990, a function of declining donor assistance and private flows. Official multilateral debt, mainly on concessional terms, was the fastest growing component of sub-Saharan Africa's external liabilities over the past decade, rising to a current level of US$44 billion, or more than one-quarter of total debt.

The World Bank has warned that in many African countries this year, "the debt overhang is so pervasive that unless extraordinary action is taken to reduce the debt burden, the process of adjustment itself is threatened." According to the ECA, sub-Saharan Africa paid out approximately US$10 billion in debt-servicing in 1991. UNICEF estimates that interest payments alone are costing the continent each year more than half its total spending on the health and education of its people. It maintains, on the other hand, that all of the UNICEF child-oriented goals for sub-Saharan Africa in the 1990s could be achieved with an additional US$7 billion a year.

Since 1986, creditor nations have proposed a panoply of debt relief initiatives for the developing world—Paris Club reschedulings, the 'Toronto terms', the 'Brady Plan', and most recently the 'Trinidad terms'. These proposals variously include measures to cut between one- and two-thirds of the outstanding debt stock of low-income countries, to provide concessions on interest payments and to offer rescheduling over longer periods.

The World Bank reports that bilateral efforts to assist the severely indebted low-income countries of Africa included forgiveness or conversion to grants of some US$7 billion owed to major donors during 1988-91. But in spite of the benefits that some African countries have derived from these efforts, the real debt relief accruing so far has been marginal, and the effect on scheduled debt service is small.

Concerned with the impact of the debt burden on the welfare of Africa's children, UNICEF has pursued a number of initiatives on 'debt relief for child survival', calling on governments and public or semi-public institutions to write off their loans or convert them to grants, and donate interest payments back to debtor governments on the condition that the latter make contributions in local currency to programmes benefiting children. 'Debt for development' swaps involving commercial banks and other private creditors have also been proposed.

These initiatives notwithstanding, UNICEF argues that if Africa is not to be left behind the rest of the world, extraordinary measures to address the debt crisis are now called for. African countries have come a long way over the past decade in undertaking the difficult reforms necessary to improve their economic performance. Many have also

embarked upon a path towards the democratization of their political systems. Taken together, these two trends should indicate a period of renewed economic growth and social progress for the 1990s. But for Africa, UNICEF notes, "the sheer weight of the ball and chain of debt and interest repayments now means that there is no realistic possibility of forward movement until its financial shackles are struck off."

Hence, UNICEF is calling on the industrialized world to absolve Africa of most of its bilateral and international debt, which amounts to only 12 per cent of the debt of the developing world as a whole. For it is only a dramatic gesture of this kind that will free Africa's children to grow and develop on a level commensurate with the rest of the world, and that will halt an entire continent's backward slide into poverty.

Children and AIDS

There will be nearly a million AIDS cases among adults by the end of this year in sub-Saharan Africa—around two thirds of the estimated global total—and more than 6.5 million adults will have been infected with the human immunodeficiency virus (HIV). The rapid spread of the disease is overwhelming health care services, straining traditional support systems and wiping out gains in child survival.

The latest statistics from the World Health Organization (WHO) paint a bleak picture:

▲ In Central and East Africa, between one quarter and one third of all adults aged 15 to 49 in urban centres have become infected with HIV by 1992. In the past few years, HIV prevalence has increased markedly in many West African cities as well, and is now the leading cause of death in Abidjan, Côte d'Ivoire. As a consequence of the disease, Africa's adult mortality rate may more than triple, and life expectancy at birth will drop by 5 to 10 per cent instead of rising by 20 per cent by the year 2000, as was projected in the absence of AIDS.

▲ AIDS deaths of young children and of those aged 15 to 49 may reduce expected population growth by more than 30 per cent. About 750,000 HIV-infected infants had been born in Africa by 1992, and the projected total by the end of the decade is 4 to 8 million. Projected deaths from AIDS may increase child mortality rates by as much as 50 per cent during the 1990s. Most HIV-infected children will die before age five.

▲ As many as one third of pregnant women attending urban antenatal clinics in sub-Saharan Africa are HIV-infected, with a 30 per cent chance of passing the virus on to their newborn children. The health care infrastructure is inadequate to handle the clinical burden of HIV-related diseases, and up to 80 per cent of all hospitalized patients in some large urban hospitals in Central and East Africa are HIV-infected.

▲ During the 1990s, between 10 and 15 million children under 10 years of age in sub-Saharan Africa may be orphaned as a result of AIDS, undermining the extended family and placing a heavy child-rearing burden on the elderly. In Uganda alone, between 600,000 and 1.2 million children have been orphaned by AIDS.

Dr. Michael H. Merson, Director of the WHO Global Programme on AIDS, explains that the disease is not simply a health problem. "It is a social problem, as evidenced by the discrimination against HIV-infected people and by the large numbers of children orphaned by AIDS, especially in sub-Saharan Africa. And it is also an economic problem as evidenced by the enormous workforce losses—seen already in Africa and soon to be seen in other parts of the world—as people in the prime of life succumb to AIDS."

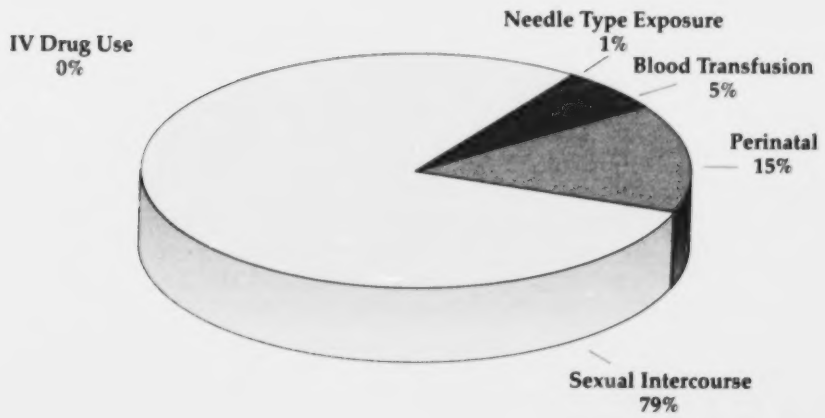
AIDS is essentially a sexually transmitted disease. The principal routes of HIV transmission in adults are through unprotected sexual intercourse and through blood or blood products. Infected husbands are passing the disease to wives, who, in turn, may pass it perinatally to their unborn children.

HIV-infected infants develop AIDS-related illnesses more rapidly than infected adults, but diagnosing AIDS in the young child is much more difficult. At or before six months, the AIDS infant begins to suffer from chronic diarrhoea, fever, loss of appetite and respiratory infection—all typical illnesses of early childhood. Mothers and even maternal and child health clinics may incorrectly diagnose these symptoms, and often the death of an infant or child is a family's first warning that the parents may also carry the virus.

Without a cure and with little, if any, medical care to relieve AIDS-related illnesses, the bereaved parents must confront the near-certainty of themselves dying and the prospect that their other children will be orphaned. For the elderly, AIDS has robbed them of adult children, their main source of support in old age, and left them with the need to support orphaned grandchildren.

AIDS is overstretching the traditional extended family system and putting an extra strain on governmental capacities, at a time when economic adjustment programmes have forced cutbacks in social sectors. The disease is sapping the labour market of manual workers and professionals at the peak of their productive lives, resulting in declining household food security and the deaths of young orphaned children from causes unrelated to AIDS infection. Older orphans are at high risk of becoming street children, exposed in turn to HIV infection because of the need to exchange sex for their daily survival. In Khartoum, the Sudan, it is estimated that 7 per cent of street boys aged 6-14 are HIV-infected.

Modes of HIV transmission: Africa 1991



Sources: WHO/Global Programme and AIDS/AIDSTECH Estimates

Although various treatments have been developed for AIDS-related illnesses in the industrialized world, they are neither practicable nor affordable in Africa at the present time. Nevertheless, there is much that can be done to contain the spread of the infection, through education; improving the safety of national blood supplies; increasing the availability of condoms and combatting the spread of other sexually transmitted diseases (STDs); and improving infection control procedures in health centres.

Education strategies that modify or eliminate risky practices continue to be the primary interventions. Worldwide, 90 per cent of the population is aware of what AIDS is and what the primary transmission modes are. Every country has a national AIDS programme, and efforts to introduce safe sex practices have made some headway. In Zaire, condom distribution has increased from 300,000 in 1987 to 15 million this year, and in Cameroon, 3.5 million condoms were sold in 1991. The government of Côte d'Ivoire recently lifted restrictions on condom sales and a campaign to promote and distribute condoms was successfully launched.

Nonetheless, UNICEF and other organizations have found that after several years of educational programmes on AIDS, a second generation of activity is necessary to bring about behavioural change. In Uganda, UNICEF estimates that all education programmes combined have influenced no more than 30 per cent of the population. In 1990, a survey by the United States Agency for International Development (USAID) found that among 600 Ugandan workers 71.2 per cent had heard of, but never used, a condom. Among the non-users, 39 per cent said that condoms were not necessary because they trusted their partner.

The social position of women complicates the issue further, as wives often find it difficult to refuse their husbands sex. Sex is also often a means of economic survival for many women. Hence, asking people to change their sexual behaviour is a difficult challenge. What is thus needed is an interactive system to promote discussion of such personal issues as human sexuality at the level of churches, schools, youth and women's groups, the police, army and other social groupings which can provide a forum for open exchanges of views.

Dr. Peter Lamptey, a Ghanaian public health expert who heads Family Health International's AIDS programme for developing countries, says knowing how AIDS is transmitted and how it can be prevented "has not led to people actually changing their behaviour and sustaining it. So the first thing we need to do is study what behavioural options and constraints people have, to understand the skills they need to make a change and how to use the community to sustain it."

Meeting the 'education for all' challenge

A Chadian girl caring for smaller siblings while her mother works in the fields, a Mozambican youth traumatized by war, a Kenyan street child: these are a few of the hard-to-reach African children whom UNICEF aims to help educate.

The challenge of educating everyone, taken up by governments and educators at the World Conference on Education for All in 1990, is especially formidable in Africa. Millions of children are fighting for their very survival — amid poverty, hunger, disease and dislocation — while their governments struggle to meet needs with fewer resources. Sixty per cent of Africans, most of them female, are illiterate.

UNICEF is helping African countries meet this challenge by mobilizing communities to support better education; increasing primary school enrolment where it is lowest, particularly among girls; improving teaching quality; and preparing students for the difficult circumstances they will face as adults.

UNICEF advocates the development of methods and models that are innovative and cost-effective. "We're asking people to rethink their entire approach to education," says Dr. Aklilu Habte, Senior Education Adviser and chief of the new Education Cluster at UNICEF headquarters in New York.

The education conference adopted worldwide goals for the year 2000, including the completion of primary education by 80 per cent of school-age children, the reduction of educational disparities between boys and girls, and cutting adult illiteracy by half.

Difficult economic realities in most African countries have set back national education efforts in the past 12 years. Rising debts and structural adjustment requirements have squeezed education and health budgets. Some of the poorest countries spend as little as US$2 per child each year. Moreover, only 7 per cent of the external assistance developing countries receive for education goes towards primary schooling.

During the 1970s, primary school enrolment in Africa rose from 65 per cent to 90 per cent for boys, and from 44 per cent to 69 per cent for girls. But those gains were eroded in the next decade, as teachers' salaries, enrolment and attendance declined, and drop-out rates grew. Also, educational disparities widened between private and public schools.

The falling standards have given impetus to a wide-ranging push in Africa for more effective education programmes and better classroom techniques. UNICEF is advocating several key principles:

▲ Improving instruction quality is more important than increasing the time children are in school. "We need to focus on ensuring that the interaction is useful, that the child

actually learns," says Dr. Habte. Teacher training is the key, and as a successful programme in Zimbabwe has shown, this need not be expensive.

▲ Schooling must go beyond the "three Rs" to include "survival skills" relating to the environment (including sanitation); personal health (including AIDS prevention, nutrition and immunization); family life (these include fostering mutual support among family members and building girls' self-esteem); peace (respect, tolerance and non-violence); and job creation (including entrepreneurial skills and positive work attitudes).

▲ Educational methods need to better reflect African realities and traditions. European primary and secondary school models may not be appropriate where, for instance, the vast majority of pupils are in school for at most a few years. Children should have at least some of their schooling in their mother tongue, as educational materials are often developed in a number of languages.

▲ Programmes developed and run with community involvement are more effective than the ones imposed from above.

The poorest countries, which have the lowest primary school enrolment rates (below 25 per cent in Mali and Chad, for example) and the highest female illiteracy rates (97 per cent in Burkina Faso), receive particular attention.

Increasing the number of girls in school can be difficult. Girls in poor rural families are burdened with daily chores like carrying water and firewood, and child care. In many communities there are also cultural barriers to be overcome.

UNICEF advocates efforts to promote girls' education, supporting training for female teachers, special schools (including mosque schools in Kenya and Mali) or home schooling for girls, and day-care facilities for younger siblings.

UNICEF also supports child-care programmes that help prepare pre-school children for school, physically and emotionally.

Children in difficult circumstances have received help through various programmes, including facilities for street children in Egypt, Zambia and Kenya, and special instruction for Mozambican and Angolan children who have grown up with war. Some 15 million Africans under age 15 have never experienced peace.

Reducing adult illiteracy is another vital goal, since when mothers are educated about hygiene, nutrition and immunization, their children are more likely to survive. As UNICEF Executive Director James P. Grant noted at the education conference, "Literacy of women is the most important single factor in the reduction of child mortality."

One pilot literacy programme, the Tostan Project in Senegal, exemplifies the community-centered approach, teaching women reading, writing and numeracy skills by addressing practical concerns. In a format developed by the participants, women discuss household and village issues such as child care and nutrition, and develop income-earning skills and confidence to be self-sufficient. Those educated in the programme become trainers in adjacent villages, and the benefits multiply.

In supporting such efforts, UNICEF believes that one of its most valuable functions is to help mobilize demand for education among parents and communities. This can become decisive in convincing political leaders to give education the priority it deserves.

Children in difficult circumstances

"The plight of children anywhere and everywhere in the world should be of the utmost importance to the international community. After all, they are the leaders of tomorrow, the society of the years to come," Salim Ahmed Salim, Secretary-General of the Organization of African Unity (OAU), said recently.

"But the plight of African children deserves special consideration," the Secretary-General added. "Why? Because, of the miseries that afflict children in various parts of the world, a combination of them all can be found in our continent. In Africa, there are children who have suffered as a result of famine, as a result of drought, as a result of war. Whether in the Horn of Africa or in Mozambique, Angola, or Liberia, our children are in torment. Many are orphans; many are street children or abandoned; many have no hope whatsoever."

These are Africa's children in difficult circumstances. They bear a disproportionate share of the impact of its wars, natural disasters, economic crises and poverty. When a country is crippled by debt, it is often education, health and child welfare that suffer first. When living standards begin to decline, infant mortality rises and malnutrition grows. When drought withers food supplies, it is children who succumb first to famine.

During the 1980s, two thirds of war's victims were African. At the height of these conflicts, UNICEF estimated that 25 African children were dying every hour, and another 5 million continued to struggle for survival as a consequence of deteriorating social services and food scarcity. For every child killed in the continent's zones of conflict, as many as three more are wounded or disabled, and countless others are traumatized. Half of the world's 25 million refugees and displaced people are in Africa, the majority of whom are women and children.

While the continent has benefited from the recent relaxation of global tensions, the long and costly wars in Ethiopia and Angola have ended, civil conflict in Liberia has eased, and prospects for peace in Mozambique have improved, children in these nations continue to suffer from war's destructive impact on health, education and food supply, and from homelessness and hunger. Armed confrontations in Somalia and the Sudan have meant that children were not only afflicted by the resulting economic and social dislocations, but were also recruited to bear arms.

The heavy toll of war on Africa's youth is dramatically portrayed in a 1991 study by Save the Children Fund. Among its findings:

▲ In Angola, around 500,000 children have died as a consequence of the 16-year war, and the under-five mortality rate is 292 per 1,000, the fourth highest in the world. An estimated 50,000 children are separated from their families and between 25 and 30 per

cent of children under six displaced by war suffer from severe malnutrition. There are 40,000 people, many of them children, who lost limbs or were disabled during the war.

▲ In Mozambique, one child in four is affected by war and is dependent on food aid. At least 200,000 children are orphaned or separated from their families. Around 800,000 have had to leave their homes and there are about 450,000 child refugees who have gone to neighbouring countries. Only 30 per cent of the population has access to health services, and half of all primary health care units have been destroyed. Over 45 per cent of children have never been to school, and more than half of all schools have been destroyed.

As many as 250,000 children in Angola and Mozambique have been traumatized by war. Many have seen their parents or family members tortured or killed, leaving them psychologically scarred. Children have been kidnapped by bandit forces which have forced them into armed service or abused them physically and sexually. In the Sudan, Somalia and Liberia, children — in some cases under 10 years of age — are seen wielding weapons or are otherwise exploited by warring parties.

But "the worst humanitarian disaster in the world today" is Somalia, according to Andrew Natsios, US Assistant Administrator of Food and Humanitarian Assistance. A recent report on Somalia by Africa Watch and Physicians for Human Rights says that some 14,000 people have been killed and 27,000 wounded in Mogadishu, the capital city, between November 1991 and February 1992. The report states that "tens of thousands of children have lost a parent, many have lost both. Thousands have been injured. None have been to school for more than a year. All are familiar with different forms of weaponry and with their effects."

On top of the devastating impact of war, a new humanitarian crisis is unfolding in parts of Africa this year, with dire consequences for its children. In southern Africa, food supplies are threatened by the most serious drought in decades, severely affecting crops in all countries of the sub-region except Angola and Madagascar. According to the Food and Agriculture Organization, unless timely measures are taken to cover a shortfall in cereals, including a substantial increase in food aid allocations, there is a distinct possibility of famine later in the year.

To address the impact of these difficulties on Africa's children, UNICEF has focused its efforts on:

▲ emergency assistance for children and women in communities of refugees and displaced persons;

▲ establishment of 'corridors of peace' in war zones through which emergency relief supplies can be delivered to civilians in need;

▲ rehabilitation programmes to help disabled and traumatized victims of war and natural disasters;

▲ the provision of basic services and infrastructure to help restore the productivity of poor families.

But even in nations free of conflict, a relatively new phenomenon is the growing number of children — orphaned, abandoned or homeless — who live on the streets of African capitals, using their wits to survive. Victims of economic recession and often suffering from malnutrition and a host of diseases, these children have virtually no access to health care or education.

From Dakar and Abidjan to Nairobi and Lusaka, the number of children who scavenge a living off the streets is increasing. It is estimated that there are more than 20,000 street children in Khartoum, who are often involved in petty crime and drug abuse, and are subject to sexual assault. In Liberia as well, many children have been separated from their families by war and find themselves with nowhere to sleep but the pavement.

UNICEF is supporting initiatives by non-governmental organizations and regional associations throughout the continent to provide these children with protection and services ranging from health care to education, shelter and job training. Last year, UNICEF helped the African Network for Protection and Prevention of Child Abuse and Neglect, and the Unduggu Society and Environmental Development in the Third World to organize conferences on street children in East and West Africa.

These and other efforts to reclaim Africa's children in difficult circumstances must continue. As the OAU Secretary-General says, "We are the continent which has suffered more than any other continent in the world. We are the continent which had to endure slavery and colonialism. We are the continent which had to endure mismanagement and failures at the policy level. So if we want to see a better tomorrow, we have to invest where it will definitely yield good returns, and there is no better investment than an investment in our children."

Water for thirsty Tigray

Coming into the small Ethiopian village of Kilishu Imni, which clings to a rugged ridge in the chilly, windswept upper reaches of Tigray's eastern highlands, one is struck by how aptly it is named.

Kilishu Imni means 'too many stones' in English, and the fields on the slopes below it yield a rich harvest of rocks and small boulders of golden limestone and reddish chert. The chunks of limestone are used by villagers to construct the simple, traditional shelters and walls that lean into the steep hillside. Yet the fields yield almost nothing in the way of food. Other than stones, this is a land with little to spare.

Below Kilishu Imni to the East, storm clouds can be seen drifting along the edge of the highland escarpment upon which it sits, but they seldom climb to the village's 2,200 metre altitude. Village elders say there has not been sufficient rain for their crops since before the disastrous 1984-85 drought that ravaged much of Tigray.

As in many other rural areas in Tigray, years of conflict, persistent drought and insufficient agricultural and water resources development have left the residents of Kilishu Imni and six nearby villages (about 3,000 people in all) almost totally reliant on food aid for survival. The villagers supplement the grain and oil they receive with the meager crops they are able to glean from the arid, stony fields and the dwindling herds of cattle that now must be driven long distances in search of grazing and water.

While the villagers of Kilishu Imni sometimes go hungry, they are more often thirsty. Ten years ago the spring serving the area produced more than enough water to fill three deep limestone pools and a long watering trough for cattle and other domestic animals. Today, the trickle from the spring is only enough to allow each family to collect water from it once every three days.

The spring lies about 2.5 kilometres from Kilishu Imni down a craggy, difficult trail. Once lined by an olive grove and other verdant vegetation, the trail is now marked only by the occasional carcass of a dead tree. Women and girls carrying empty brown clay pots on their backs start arriving at the spring well before sunrise. By mid-morning, nearly 40 are awaiting their turn.

The water drips into one of the limestone pools over moss-covered rocks at a rate that barely keeps a shallow depression in the bottom of the pool half full. A young woman squats on a block of stone in the bottom of the pool, scooping water with a small aluminum can that she uses to fill up a larger can. When the larger can is filled, it is poured into the clay pot sitting on the edge of the pool. To fill the clay pot, which holds approximately 15 litres, takes about six minutes, and when the woman is finished she is immediately replaced by another.

Selas Gebrecheal, 60 years old, has been waiting patiently at the spring since 5:30 a.m., and she hopes to get home in time to make lunch for her husband. Selas says the water she will carry back to her village will be barely enough for drinking and food preparation. Only during the rainy season is there enough water left over for taking a bath or washing clothes.

While weddings used to be a cause for celebration in her village, Selas says that is no longer the case: "There is not enough water anymore to make food for the guests."

Several young girls huddled beside their pots near the spring laugh, and Selas angrily shushes them. "You have to be quiet near the spring," she warns. "You don't want to scare the water away."

Tsegaye Hailu, a geologist/hydrologist working as a UNICEF consultant on the development of a rural water project in Tigray, says the spring the villagers depend on is indeed in danger of drying up.

"If the drought continues and some steps are not taken to protect this spring, these people will come here one morning and find that the water is gone," Tsegaye says.

Although Tsegaye notes with satisfaction that the villagers have built a terrace on the hillside directly above the spring, he says more needs to be done in order to guarantee its survival and productivity. Tsegaye says further terracing and the planting of trees and shrubs on the hillside would help boost the amount of water available to the spring, while the construction of a collection gallery and storage tank would drastically cut down on the amount of time women spend waiting at the spring. He estimates that it would cost less than US$5,000 to build the collection gallery and storage tank.

The villagers of Kilishu Imni can expect some assistance in the near future from the UNICEF-supported project, which aims to provide clean drinking water to 105,000 people in Tigray. The US$466,000 project is being carried out by UNICEF, the Relief Society of Tigray (REST) and the Ethiopian Water Works Construction Authority (EWWCA). In addition to rehabilitating existing water schemes, the project also calls for the drilling of shallow and deep wells and boreholes, hand-dug wells and earthen dams. The project is the first in a series planned under an ambitious five-year rural water programme for Tigray designed by the Water and Sanitation Consultancy Group, a non-profit organization based in Denver, Colorado.

The UNICEF project and the overall programme aim to address the rural water needs of Tigray on both an emergency and a long-term, sustainable basis. This requires heavy community involvement in planning and execution, as well as support for the training of local residents in well and pump repair, and the formation of local water committees.

Recently, a survey of water availability in Tigray's rural areas was conducted in order to identify and prioritize those villages in need of immediate assistance. After talking to local officials in Kilishu Imni and inspecting the spring, Tsegaye said the spring could be among those first targeted for rehabilitation.

From rebel fighter to health worker

For four years, Zemkieal Araya carried a gun and cared for fellow rebel fighters wounded in Ethiopia's protracted and bitter civil war. Today, he carries health education materials and cares for malnourished children in his home region of Tigray.

Zemkieal was among the Ethiopian People's Revolutionary Democratic Front (EPRDF) troops that marched victoriously into the capital city of Addis Ababa on May 28, 1991, bringing an end to a 17-year struggle. Proud of the role he played in ousting the former regime, Zemkieal is also proud of what he does now.

Today the 25-year-old former fighter is a health worker. He runs a UNICEF-supported emergency supplementary feeding programme at the Quiha Maternal and Child Health Centre, a facility constructed by the Italian Medical Team in the small town of Quiha, about 12 kilometres outside the regional capital of Mekele. The feeding programme, also under way at nine other health centres across Tigray, began at the centre in January 1992. By mid-February, Zemkieal had enrolled more than 1,050 malnourished children and pregnant and lactating mothers.

By eight o'clock most mornings, dozens of barefoot mothers, carrying their children in leather slings on their backs, are lined up outside the health centre. Some are there for the first time, but many clutch the supplementary food ration and immunization cards that show they are not new to the centre's services.

When the gates open, the women gather in a round concrete-and-bamboo building where Zemkieal conducts the health education classes and weighs and registers new children.

Normally retiring in demeanor, all shyness vanishes when Zemkieal starts preaching to mothers on the importance of immunization, breastfeeding, clean drinking water, oral rehydration therapy, personal hygiene and well-balanced diets for their children.

"I've always been interested in improving the lives of my people," Zemkieal says. "And it has always been my intention to work for mothers and children. Working in the field of health is where I think I can do the most good."

After listening to Zemkieal's health lecture and instructions on how to mix faffa, the locally produced and nutritionally fortified supplementary food supplied by UNICEF, most of the mothers line up either outside a storage building to collect their faffa ration or outside the immunization room to have their babies and themselves vaccinated. Those who stay behind line up with their children in front of the registration table where Zemkieal sits. The first in line this morning are Letta Berhane Wolde Gabriel and her 16-month-old daughter, Desta Kiros.

After talking briefly to the mother, Zemkieal learns that she and her daughter have just returned from Illubabor, one of the regions in southern Ethiopia where several hundred thousand northern Ethiopians were moved in the mid-1980s under the former Government's controversial resettlement plan.

Letta says she and her husband had been able to make a decent living for themselves and their two children by farming in Illubabor. But she says like thousands of other resettled Tigrayans, they decided to return to Tigray because of fear of ethnic clashes in the largely Oromo Illubabor region.

"We are staying with relatives near here now," Letta says. "We have not been allocated any land yet and we have almost nothing to live on."

Desta is weighed in a hanging scale attached to a beam. At 8.2 kilogrammes, she is below 80 per cent weight for age (WFA) and therefore eligible for the monthly ration of 4.5 kilogrammes of faffa.

Yet, Desta is relatively well-fed compared to many of the other children already enrolled in the programme. "Over 50 per cent of the children we have enrolled here were below 70 per cent weight for age. I've seen some children who are so emaciated it's a wonder they are still breathing," Zemkieal says. But so far, Zemkieal notes, none of the children in the programme at the centre has died, not even those most severely malnourished.

"Although most of the children have been in the programme for less than a month, you can already see some improvement. Little by little they're putting on weight and becoming healthier," Zemkieal says.

Simachew Shiferaw, the UNICEF emergency nutrition consultant, says the supplementary feeding programme in Tigray currently reaches about 15,000 malnourished children and pregnant and lactating mothers.

Under the UNICEF-assisted programme, 50 health workers have been trained to do growth monitoring, show mothers how to mix the faffa for their children and administer wet feedings to the most severely malnourished. Over 110,000 kilogrammes (110 metric tonnes) already have been transported from Addis to health centres around Tigray, and an additional 200,000 kilogrammes (200 metric tonnes) are scheduled for transport.

Over the next few months and with the help of the Tigray Regional Health Department and the Relief Society of Tigray (REST), Simachew says the programme will branch out to rural health stations and isolated health posts to reach a total of 46,000 children and 11,500 mothers.

The feeding programme in Tigray is scheduled to last six months and is budgeted at almost US$750,000. UNICEF also plans to start up emergency feeding programmes in the drought- and war-affected regions of Gondar, Wello and the Ogaden. The total cost of supporting these programmes is estimated at US$2.5 million.

Education in the aftermath of armed conflict

Seven-year-old Paulo Mabote has every reason to feel happy. It is the end of the school term, and he has passed his exams. He smiles bashfully while sitting on a wooden bench in the cool of the wattle and daub classroom, as his mother, Rosalina Mabote, discusses his progress with the headmaster.

Outside is a hive of activity. Paulo's schoolmates and their mothers are ferrying buckets of water to workmen mixing cement, ready to construct another classroom.

Everyone is ready to help, despite the relentless heat of the mid-morning sun. The school in many ways symbolizes hope to the people, most of whom have been forced to flee their homes. Now, living in a centre for displaced people in Inhamissa, in the southern province of Gaza, the community is rootless and, like half of Mozambique's 15.7 million people, is dependent on international food aid for its survival.

Yet, a community spirit has been revived here, mainly due to the fact that the residents in Inhamissa have benefited from a governmental programme, supported by UNICEF, to upgrade the educational facilities in the area and to improve the skills of teachers. Attention is focused especially on children who have been traumatized by the war.

Parents have already voluntarily built two classrooms, and most of the 250 children are proudly displaying their new books and pencils.

Rosalina Mabote, a mother of eight, says education will give her children an opportunity to rebuild their lives. The 17-year-old war between the Government and the rebels of the Mozambique National Resistance (Renamo), and abject poverty, have split up the Mabote family.

Paulo's older sister, Delvina, 17, was kidnapped by the rebels. The most recent news of her came from those who managed to escape from the Renamo base. "They said that my sister was in good health, but she had been forced to marry the local Renamo commander," said Paulo. There was little chance that the family would see her again.

The reality of war has always been part of Paulo's life. Like hundreds of thousands of other Mozambican children, he has grown accustomed to the daily threat of a rebel attack. Sometimes it means leaving home and sleeping in the bush at night. He has had to flee rebel attacks and has witnessed the brutalities of the conflict. Although he now lives in the relative safety of a government-controlled centre for displaced people, it is not home. The family had to abandon their possessions and, of course, their livelihood — their farm.

In an effort to try and lift the family out of the quagmire of poverty, Paulo's father left for South Africa to work in the gold mines. "He has been away for most of my life," said Paulo. "I only see him for four months each year."

Yet, Paulo is one of the more fortunate children in Mozambique. He lives with his mother and has a chance for an education, whereas almost half of the country's children do not have a place in school and more than 500,000 children are alone, torn from their families by the war.

The Government's commitment to provide education to all children has proven an arduous task. The Portuguese did little to educate Mozambicans; when they departed in 1975, they left behind one of the highest illiteracy rates in the world — over 90 per cent of the population could not read or write.

Then, the war thwarted the Government's literacy campaign. The rebels targeted schools — according to government figures, more than 3,000 school buildings have been destroyed to date. Teachers, whom Renamo views as government instruments, have been killed or kidnapped.

Apart from the physical destruction, the conflict has inflicted immeasurable damage on the minds of young children. Helping children traumatized by the war has been a central concern of a programme run by the Ministry of Education with the support of UNICEF and Save the Children Fund, and with technical assistance from the Brazilian Research Institute Heloisa Marinho and the University of Brasilia. Teachers, including some of the staff from Inhamissa, have been trained to recognize war-traumatized children.

These children are often observed to cry for no apparent reason, to behave aggressively, to lack concentration, to be troubled by recurrent nightmares and to have little appetite.

Paulo appears to be less affected than other children with similar experiences. The school director, Marcelino Matsombe, said that Paulo had not been identified as needing special attention. He has adjusted well to school life, participates in lessons and mixes well with the other children. His school work is excellent.

Yet, children can hide their inner feelings. Whether or not the violence that Paulo has witnessed and the disruption in his young life have had a lasting effect is impossible to know.

Talking to Paulo shows that he has few romantic ideas about life. When asked what he would like to do when he finishes studying, he replies without a moment's pause, "I would like to work down in the mines in South Africa so I can earn money."

The community road to health

Miyuyu village is in a remote area in Newala district in southern Tanzania. This village, like many others in Tanzania, lacks most of the basic services, such as electricity, houses with corrugated iron roofs, well-equipped schools, a dispensary, and trained nurses or midwives. Births are normally attended by traditional midwives, who are mostly elderly women from the village.

However, despite the odds, during the last two years malnutrition and deaths among children under five have been significantly reduced in Miyuyu.

Asha Salem, a housewife and mother of three, is among the women in the village who are thankful to a community-based, low-cost programme for child survival and development (CSD), introduced in Newala district of the Mtwara region in November 1987 and later at Miyuyu village in December 1989.

The programme works mainly through collective efforts of parents, village health workers and village leaders. Under the programme, the nutritional status of children under five is monitored on a quarterly basis as an indicator for assessing and analyzing their health.

Asha, who has three children aged five years, three years and six months, says all her boys are now healthy, unlike two years ago. She says that the village health workers had advised her to bring her severely malnourished children to the newly established village feeding post, established by the villagers themselves, where porridge is served to children twice a day.

At the centre, Asha and other women discuss with village health workers various problems that they face in their village — problems reflected in the poor nutritional condition of their children. "We are urged to feed our children at least six times a day. Health workers tell us the importance of child growth; they urge us to have our children weighed during village health days," she says.

Since the introduction of the UNICEF-supported community-based programme in November 1987 in the Newala district of the Mtwara region, severe malnutrition dropped from 10 per cent to 1.2 per cent in December 1991. Moderate malnutrition was reduced to 41 per cent from 64 per cent. During the second half of 1990, a total of 86 children under five died in areas covered by the programme; during the second half of 1991, the figure dropped to 29.

The success at Newala is attributed to 'the animation approach,' which involves the process of creating awareness among all members of a community, including parents, political leaders and government officials.

UNICEF Project Officer Illuminata Tukai says that the community-based programme for CSD in Mtwara region started in November 1987 in three pilot divisions. Between December 1989 and January 1990, the programme had expanded into 10 divisions to cover 252 villages in the region. However, while progress seemed to be good initially, the programme stalled, partly because of adverse weather conditions. By the end of 1990, there had been little net achievement.

Tukai attributes the slow progress primarily to lack of adequate staff, particularly in the field of community mobilization and development at ward level. She says that a new approach was designed with emphasis on 'the animation approach' to rekindle the spirit of the communities in improving health and nutrition among their children.

Extension staff from other regions in Tanzania were recruited as external animators and sent to districts in Mtwara region, including Newala. The participatory animation approach emphasized the use of available resources, including personnel. These resource people came from different backgrounds, including agriculture, nutrition, education, health and community development.

Seif Athuman, the Mtwara Regional CSD Coordinator, says external animators stayed in Mtwara for three months, after which accelerated awareness was noted. This was reflected by increased attendance during village health days and a sharp decline in child malnutrition rates.

The Chairman of the Nakachela village in Newala also hails the programme. Egbert Chinowa says it has educated villagers on a lot of health issues, demystifying older concepts where even very simple health problems were thought to require the assistance of medical practitioners.

He says that in his village severe malnutrition has been wiped out and child deaths are now very few. However, malaria remains a "serious problem," Chinowa says. "It attacks children and pregnant women; children lose appetite and women end up delivering underweight babies," he explained.

Recently, impregnated mosquito-nets have been introduced to the UNICEF-supported community-based programme in the Mtwara region. Nets are being sold to households in the community and the generated income is reused through a regional revolving fund. Village health workers organize the twice-yearly reimpregnation of the nets. As a result, the number of malaria cases has been significantly reduced.

Members of the Mnyambe ward health committee are generally enthusiastic about the community programme, and are continuing their efforts to improve the situation of women and children in the Newala district and the whole Mtwara region.

School gardens show the way

The benches in the schoolroom at Busura Primary School are usually empty at this time, when the heat has gone from the day and the birds are twittering as they begin to nest in the eaves for the night. On this Thursday though, a committee meeting is taking place. It is early October in the Gambia, the first week of the new school term, and this is a meeting of the School Garden Committee.

Twelve people are seated around the table: three teachers (the headmaster, the home economics teacher and the garden master), two parents of schoolchildren, the local agricultural extension worker, the community development officer, the community health nurse and four schoolchildren. This committee is a democratic representation of all who take part in the upkeep of the Busura School Garden. It listens to all opinions and gives equal weight to each member's vote on all decisions.

A swirl of dust and a screech of tires announce a new arrival for the meeting. A small red motorcycle draws to a halt and a young woman comes in, taking off her crash helmet and shaking out her hair. She is the representative of Voluntary Service Overseas (VSO), a British non-governmental organization which is assisting the Ministry of Education in establishing school gardens throughout the country.

Across the dusty schoolyard, burnt and dry in the last rays of the sun, the garden beckons a welcome. The shadows of the banana trees are beginning to lengthen; the new papaya, breadfruit and mango seedlings, freshly planted in the red earth, glisten with drops of moisture from their recent watering. Piles of dry grass from some vigorous weeding lie around. The ground has been raked for the new season's sowing and a compost heap in the corner steams gently with a ripe warm smell.

These gardens are not merely an attractive extracurricular activity where the pupils can experiment with a few seeds; they are a project that could have a crucial impact in the Gambia. Three out of every four Gambians live in the rural areas, but many of these villagers are leaving their subsistence lives in the countryside for the cities, with hopes of finding work for a cash wage. The countryside is thus becoming even less able to sustain itself. Life was hard enough there anyway, with problems such as drought, deforestation and soil deterioration.

Once, the Gambia was self-sufficient in food, with enough rice, the country's main staple, being grown in the swamps, augmented by maize, millet, cassava and a bountiful annual crop of groundnuts. Now, however, rice is imported, and a cash income is needed to feed a family. A primary objective of the school gardens is to show young people how to farm successfully, earn a proper living and stay in their home areas.

Agriculture needs to be taught as a serious subject in school. Mbeye Njie, the

programme coordinator from the Ministry of Education, wants to give the subject the same attention in the school timetable as science. Workshops to introduce this concept to teachers have been run and soon a resource and training centre with a demonstration garden will be opened at Birikama, a small town 40 miles from the capital. Four regional coordinators, chosen for their combination of practical agricultural and teaching experience, will be based there. Energetic and enthusiastic individuals who love to work on the land, they offer excellent role models for young people considering a farming career.

Agriculture is currently taught as a subject in some secondary schools, but the new programme, targeted at 7- to 15-year olds, seeks to eventually include all of the 220 primary schools in the Gambia. This means that eventually a significant proportion of the population would be reached, as 47 per cent of the eligible age-group are enrolled at these schools.

Busura Primary School is one of the first 20 in the programme, having met all the criteria for acceptance, including a pre-existing garden activity and a teacher responsible for its operation. Water supply is essential, and UNICEF had already provided this as part of its water programme through primary school installations.

For Busura, the programme has produced significant results: last year's surplus produce sold in the neighbourhood amounted to 2,300 dalasi (almost US$300). This money has been deposited in an interest-bearing bank account, and with this money the School Garden Committee is considering purchasing from the community another piece of land next to the existing plot.

Students handle the correspondence on this prospective purchase, the bank account, records and meeting minutes, as planning and managerial skills are just as important to their future as self-employed farmers as are hoeing, weeding, watering and harvesting skills. Learning project management, successful cooperation with local community representatives, public speaking and negotiating skills are other invaluable spin-off benefits of the school garden.

'Diversification' is the buzz word tonight at the committee meeting. Success with tomatoes and lettuce last year has encouraged ambitious plans for experimenting with cabbage, beans and carrots. A word of caution is extended here by the VSO horticulturist: these varieties would have to be grown from imported seeds which are often susceptible to Gambia's insects. The soil is poor in this sandy coastal region and the stock of compost is probably better reserved for enriching hardy indigenous crops that are certain to thrive, such as bitter tomatoes and aubergines. The use of pesticides and artificial fertilizers is discouraged because of their cost.

Non-governmental and UNICEF assistance has helped in the early stages, but eventually will be phased out as individual school gardens become able to continue on their own with support from the government and local community. Gardens such as the one at the Busura are, in effect, seeding themselves, as other schools follow their example. And while the children themselves are the immediate beneficiaries, the school gardens assure a veritable harvest of benefits for the Gambia.

Accelerating the Bamako Initiative in Africa

Kindia, a small agricultural village about half a day's drive from Conakry, the capital of Guinea, is part of a quiet revolution that has been sweeping across Africa since 1987. Here, people have been taking charge and paying for some of their health care. By electing a local village committee, the community has a strong say in the management of the local health centre. The programme strategy that is responsible for Kindia's success is known as the Bamako Initiative (taking its name from the capital of Mali, where the enabling declaration by African Ministers of Health was made in 1987).

More than a dozen other countries in Africa are well on the way to implementing similar programmes adapted to the national context. These projects are proving that even in the toughest of times, communities are able and willing to invest in their own health and exercise more control over their own development.

The programme is simple in concept and practical in its application. Beginning with an initial supply of essential drugs and the election of a local management committee (made up of village representatives including women), a community develops health care services for its geographical area with the Ministry of Health. Preventive services such as immunization are still provided free of charge by the Government, and, initially, community members pay only for certain curative services including prescribed drugs. In addition, certain health centres may offer other services such as maternal and child health and family planning.

The village committee is charged not only with the management of local accounts, but also with mobilizing the community to ensure that adequate use is made of health services. These activities may range from using local traditional methods of communication to mobilizing other partners and allies (such as religious leaders).

In Guinea and Benin, two of the poorest countries in Africa, paying for health care through the Bamako Initiative is growing rapidly. In Guinea alone, the equivalent of US$800,000 in local currency has been collected into a revolving fund that will be used to replenish basic medicines and pay for certain recurrent costs. This is a vivid illustration of how, in spite of the current problems facing African governments in providing minimum health care services, communities are coping on their own. These communities will contribute to the cost of their own health bill when they are convinced that it is important and are offered a quality service. While services can still be improved upon in terms of quality, a recent study on Guinea by the London School of Hygiene and Tropical Medicine gave very high ratings to service quality, which in almost every case was better than hospitals not applying the Bamako principle. In Guinea, more than 200 health centres are currently providing health care services under this scheme, and by 1995 another 100 will be added. In Benin, the Bamako Initiative (with more than 200 health centres) covers 58 per cent of the population, and this is expected to increase to 80 per cent by 1995.

The Bamako Initiative, along with other initiatives taken by communities themselves, is evidence that Africa is struggling to be self-supporting, even though it still requires a great deal of help from the donor community.

Recent research (from Benin and Guinea) shows how significant the impact of the Bamako Initiative has been. Almost a third of community members use services at the health centre in spite of having to pay for the services (although price is still an important factor contributing to non-use by other members of the community). The community 'ownership' of the health service is an added incentive for the community to use the services. In all cases where the Bamako Initiative is operational, it has demonstrated its ability to recover the recurrent costs for health care (in terms of drugs and some basic operating costs). In some cases, a health centre can begin recovering sufficient funds to replenish medicines and cover some operational costs after only 10 months (usually in urban areas where there is a larger number of patients). In Guinea, it is estimated that a centre needs to treat 2,000 patients every six months (13 per day) to reach a stage of profitability. Staff costs and other investments still need to be supported by the Government and the donor community.

Today, most African countries have adopted the principle of the Bamako Initiative. Apart from those with operational programmes, nearly a dozen African governments are involved at the policy level in negotiating similar national strategies. These same countries have also initiated some work at the field level. These health programmes are designed to deliver a comprehensive package of primary health care services to a maximum number of people at a minimum cost and involve them in the ownership of the services.

These efforts are being built upon the achievements of universal childhood immunization (UCI). Although many countries in Africa did not achieve the UCI target, Africa as a whole had better results than most other regions (in terms of percentage gain), considering where it started from. In Africa today, more than 10 times as many children are vaccinated than 10 years ago. This effort has engendered a great deal of political will among governments to accelerate progress towards reaching the goal of health for all.

In many countries, intensive mobilization efforts involving community leaders as well as national media helped place health squarely on the political agenda. This new awareness of the importance of preventive health has helped generate the climate in which governments are coming to adopt the Bamako Initiative as one practical way of reaching the goals for children in the '90s in Africa.

Solar pumps and literacy programmes

"*Tesarrad tayya gozma. Tesarrad tayya gozma. Gozma. Gozma. Goz. Goz. Go. Go.* The woman is drawing a design on the sheath (of a knife)."

So chant the Tamaskek-speaking nomadic women of Tintaylut, who recently started their literacy lessons and have reached the letter "g." Tintaylut, a tent village in a desolate landscape of dunes about 30 kilometres from Timbuktu, Mali was settled by former nomadic Tuaregs in 1973. More than 100 kilometres to the south-west, in the village of Kondi, Songhai women repeat "Safi is going to the well." They have reached the letter "f."

The literacy classes are part of the first phase of an integrated programme recently begun in the region of Timbuktu. The programme has two special aspects: it is the first UNICEF programme to be financed by trade unions (in this instance Italian unions) and it combines water supply and food production with a literacy programme and technical training.

The programme aims to increase water supply and food security in 19 villages. Solar pumps, working on the photovoltaic principle, are being installed in the place of India pumps on existing wells which have a minimum flow of five cubic metres an hour and are less than 30 metres deep. They will pump water to a reservoir from which it will then flow by gravity to a fountain where villagers will help themselves from taps. Outflow from the fountain will run into a cattle trough and a kitchen garden.

Villagers, in particular the pump guardian, have been trained to look after the equipment. The solar pump requires minimum maintenance—primarily to be kept clear of sand.

Another part of the project is the establishment of two small market gardens and 10 irrigated areas for villages, as well as 20 controlled flood plains in the Timbuktu region. The market gardens are equipped with solar energy-driven pumps in villages which have available surface water, enabling each village to irrigate three to four hectares.

The irrigated areas (between 20 and 50 hectares) each produce rice for 80 to 120 families, while the flood plains, varying from 100 to 500 hectares, are sown with a local variety of floating rice, providing enough food for one family for every three or four hectares planted. The project also provides motorpumps to pump water from the Niger river to irrigate the rice fields.

An advantage of the project, but also one of the reasons it has taken some time to get off the ground, is that it involves national personnel from various Ministries: Agriculture, Health and Social Welfare, Water and Forests, Functional Literacy.

The Timbuktu staff of the Functional Literacy Programme attended a special training seminar in agriculture, management and health education in 1988 before offering six-month courses to villagers. Those courses, available to 30 men and 30 women from each of the villages involved in the project, are followed by practical training in the field in kitchen gardening, small animal husbandry, cereal production, agricultural techniques and irrigation methods, use and conservation of water, and management.

National Water Department technicians have been trained in the installation and maintenance of the solar pumps.

Furthermore, the project team is devising an appropriate methodology for educating the population. This will be summarized and put into an education manual for future use. Also, in view of the difficult economic situation prevailing in the region and to avoid creating an attitude of dependency, the team is studying ways of granting loans and establishing a revolving fund so that villagers will be able to finance the eventual replacement of the solar pumps.

Meanwhile, the women of Tintaylut and Kondi are very excited about their literacy lessons. Through literacy, they hope to increase their knowledge and become as educated — if not more educated — as the men in their community. However, a remaining problem for them is that with all the housework they have to do they find it very difficult to find time to attend class every day.

"Now we know better"

It was Friday prayers in Bumpeh, a village located in the heart of Sierra Leone's diamond-mining district. The imam, Sheikh Abu Bakar Conteh, had summoned his flock for a special 'Kutuba', or Friday sermon. It brought the usual packed house for 'Juma Prayers' — every available space in the mosque was occupied.

Imam Sheikh Conteh said in Krio, the country's lingua franca, "In this sermon I want to tell you the reasons why our children are dying in large numbers." A powerful preacher who is held in high esteem in Bumpeh, Sheikh Conteh urged the congregation to have their children immunized against the six childhood diseases: tetanus, measles, tuberculosis, polio, diphtheria and whooping cough. He also spoke about the effectiveness of oral rehydration therapy (ORT), using a sugar-and-salt solution to treat dehydration.

After the service, a mobile vaccination team stationed nearby was called in to dispense *marklate*, as immunization is known in Krio. "We vaccinated about 200 kids and 350 women that day alone and almost died of fatigue at the end of the exercise," one health worker says later. The senior wife of the imam, Neneh Isatu, adds: "All of us, including my husband, used to think *marklate* was a way of stopping us from bearing children. Now we know better."

Popular interest and participation in child survival measures, notably immunization, ORT and basic hygiene, have substantially increased in Sierra Leone, as Islamic leaders are joining in a nationwide effort to convince the public — 80 per cent of whom are Muslims — of the benefits of using these low-cost, high-impact methods.

The stimulus to such mobilization was a national conference of Islamic leaders held in the autumn of 1989 at which 250 imams, Muslim missionaries and scholars decided to support the child survival and development (CSD) programme of the Government and UNICEF. The three-day conference ended with the creation of a 21-member Islamic Action Group (ISLAG) to monitor CSD activities at the community level. Sheikh Conteh was one of the enthusiastic participants.

Since ISLAG was set up, repercussions have been felt in virtually every corner of Sierra Leone. Muslim leaders have been making an impact in improving the well-being of children and women in many villages.

Activities such as those in Bumpeh are being held in all 150 chiefdoms in the country. In less than two years, immunization coverage was raised from 39 per cent to 75 per cent against the six child-killer diseases. After achieving the universal child immunization (UCI) 1990 target, ISLAG has extended its activities to cover breastfeeding, ORT and sanitation. It is now planning to embark on an adult education programme.

Muslim communities throughout the country have organized themselves into groups for child survival. Mass rallies are held in all districts and the western area by the Muslim Women's Group headed by Haja Aisha Sasso.

ISLAG workers have visited district imams to plan mass education efforts at the district, chiefdom and village levels. Alhaji Jah, the ISLAG coordinator, tells a heartening story of an elderly Freetown woman who thought the sugar-and-salt ORT solution was alcoholic, but became "a specialist" in its preparation after the imam of her mosque told her about the effectiveness of the solution in treating diarrhoea.

Alhaji Jah says social mobilization has not been easy, as some people, like the woman mentioned above, hold contrary views about immunization and ORT. However, he says, "For us it's a battle that must be won."

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